

APPLICATION FOR CAP CHARACTER DEVELOPMENT INSTRUCTOR APPOINTMENT

For Assistance, Contact Your Wing Chaplain. Reference CAPF 35A instructions at http://www.capmembers.com/media/cms/F035A_Instructions_14F00D16F47D3.pdf

PERSONAL INFORMATION

Name: (Last, First, Middle Initial)	Maiden Name:	CAP ID	Charter Number:
Mailing Address:	Email Address:		
	Phone Numbers (Include Area Code)		
	Day:	Night:	Cell:

TRAINING (attach all supporting documents before submitting to unit commander)

Enter Date Completed:	Training Leaders of Cadets (TLC):	Basic Instructor Course:	Foundations:
CPPT:	OPSEC:	EO:	IST:

See also CDI Application Checklist for waiver or special requests and list of initial qualifications.

UNIT COMMANDER STATEMENT AND REQUEST FOR APPOINTMENT

I have interviewed the applicant whose name appears on this application and verified all training requirements have been met. I will support him/her as a CAP Character Development Instructor assigned to this unit.

Commander's Additional Comments:

Grade and Name:	Phone Number:	E-mail Address:
Signature:	Date:	Date Sent to Wing Chaplain:

WING CHAPLAIN VALIDATION AND ENDORSEMENT

I have reviewed the documents attached to this form and, to the best of my knowledge, find that the applicant meets the educational and approval standards to be a CAP Character Development Instructor. Moreover, I have interviewed the applicant either in person or through telephone conversation and find this person suitable for appointment. If this application is disapproved it will be returned to me and I will notify the applicant.

RECOMMEND: APPROVE DISAPPROVE

Signature:	Date:	Date Sent to Wing CC:
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WING COMMANDER ENDORSEMENT

RECOMMEND: APPROVE DISAPPROVE

I endorse the CDI appointment application and will approve its forwarding to the region chaplain for further processing.

Signature:	Date:	Date Sent to Region CC:
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REGION CHAPLAIN ENDORSEMENT

I have reviewed the documents attached to this form and, to the best of my knowledge, find that the applicant meets the educational and approval standards required to be appointed as a CAP Character Development Instructor.

RECOMMEND: APPROVE DISAPPROVE

I endorse this CDI appointment application and will approve its forwarding to NHQ/HCA for further processing.

Signature:	Date:	Date Sent to NHQ/HCA:
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NHQ/HCA REVIEW

Date Review Completed by NHQ/HCA:	Date Sent to NHQ/HC:
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NHQ/HC REVIEW / APPROVAL

RECOMMEND: APPROVE DISAPPROVE

Signature:	Date Signed:
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FINAL PROCESSING

Date Appointed:	Date Entered in eServices (DP):	Date Certificate and Information Mailed:
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Region Chaplains send application packet to: NHQ/HCA
 105 South Hansell St, Building 714 or chaplaincorps@capnhq.gov
 Maxwell AFB, AL 36112-6332



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FOR NHQ/HCA USE ONLY